



My name is Kathleen Gross, I am the Executive Director of the Michigan Psychiatric Society. I am here today representing **Partners for Parity, a coalition of over 60 organizations who have been working for comprehensive mental health parity for all in Michigan for 17 years.**

It was 15 years ago that our coalition settled on a non-mandated broad parity model that simply requires that mental health benefits, if provided, must be covered on par, with no greater cost-sharing or limitations than that which is applied to general medical-surgical benefits.

We did not choose a path that mandates coverage of specific treatments for specific disorders or duration of treatment or that requires certain providers. We wanted and still want a law that will spread the risk and allow management of benefits that will make parity coverage affordable for employers and families alike.

We have operated on the assumption that autism would be covered under our broad-based approach. The 43 other states that have parity laws have taken various approaches, but when insurance exclusions for autism have been challenged legally, several challenges based on a state parity law were upheld.

In the Senate, it was said that it is not parity's time. That parity should follow the example of the autism model. We respectfully disagree.

It is long past time for parity in Michigan. We deliberately chose and still stand by a different model than the mandated approach embraced by autism advocates.

Furthermore, the non-mandated parity approach will not raise costs, and that has been proven by study after study, both actuarial and economic, both in Michigan and in other states.

Federal Employees in every state have been covered by parity since 2001, which produced the most thoroughly studied experience to date (New England Journal of Medicine Mar 30, 2006). The conclusion:

"When coupled with the management of care, implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs."

Do we really believe ignoring and denying mental disorders saves costs? This is not only illogical; it is unsound economics. **For parity, the cost debate is over.**

Now, it is said, this issue is political. We can only deliver one mandate at a time.

Setting aside the mandate misnomer, we have heard this before. In 2001, Michigan became the 43rd state to pass a diabetes mandate, and we were told that the business community's tolerance for mandates was exhausted, making mental health parity unapproachable.

It is said that coverage of autism is important right now...and we agree, but it isn't the only important thing.

It is said that the Senate will not accept a package from the House that includes parity. As a legislative observer for more than 20 years, I would say that is not procedurally correct.

It is said that parity would kill the bill. We would not be here before you today if we thought that parity would kill the very bills we hope will be amended to cover all mental disorders, rather than just one.

Senate Bills 414 and 415 go to the same sections that parity amendments would go to. That part is easy. Senate Bill 981, the autism incentive bill is not needed for parity.

We have never sought state funds to support or incentivize mental health coverage in private insurance. Parity would not cost more. Parity coverage would in fact, save tax-payer money by not forcing families who exceed the limits of their private insurance coverage to turn to the public mental health system.

Insurance is upside down for families unlucky enough to have a loved one with a mental disorder. These families pay in for their insurance like everyone else, but they do not get equal coverage.

So, for their whole working lives, these families have been subsidizing others with general medical disorders, like cancer and diabetes. Now, you are asking them to subsidize autism treatments, not only with their contributions to their insurance plan, but with their tax-payer contributions as well. Can you imagine how these families must feel right now?

The stories of families with autism and those with other brain disorders are remarkably similar. For those whose treatment needs exceed their arbitrarily limited benefit, everything that comes next—comes out of pocket. For many, this becomes a choice between devastating financial impact and forgoing treatment. This is a terrible place for these families to be. Living with and comforting and supporting a loved one with a mental illness is a massive task as we all know. All of us here today have seen this among our own families, friends and coworkers. Adding unnecessary financial strain is unconscionable. And it is avoidable—as 43 other states have recognized.

Why can't Michigan recognize this long standing inequity that should have been abolished long ago? It is not the cost. It is not that Michigan does not want to help families. The politics may be complicated, and frankly, we feel that term limits are a factor that affects legislative memory.

But, in the end, our lack of parity, we feel, is due to discrimination and the stigma that is attached to mental illness. In the face of all the evidence, let us not choose one brain disorder over all others. Why don't we choose today to make Michigan a better place for families.

Families have waited long enough.



Michigan Partners for Parity

American Academy of Pediatricians-MI
AFSCME Council 25—MI Chapter
Arc Michigan
Agoraphobics in Motion (AIM)
Alliance for Mental Health Services
Association of Behavioral Healthcare of Michigan
Association for Children's Mental Health
Association for Licensed Substance Abuse
Organizations
Birmingham Maple Clinic
CHADD Michigan
The Comfort Zone
Common Ground Sanctuary
Community Connections of SW Michigan
Consumer Advisory Council, Washtenaw Community
Health Organization
Council of Catholic Women, Archdiocese of Detroit
Depression and Bipolar Support Alliance-Grand
Rapids
Depression and Bipolar Support Alliance-Metro
Detroit
Elder Law & Disability Rights Section, State Bar of
Michigan
Epilepsy Foundation of Michigan
Grand Rapids Children and Adults with Attention
Deficit Disorder
International Association for Psychosocial
Rehabilitation Services, Michigan Chapter
Kadima
Katherine's Quality Cleaning Service
League of Women Voters of Michigan
Mental Health Association in Michigan
Michigan Association for Children with Emotional
Disorders
Michigan Association of Alcoholism and Drug
Abuse Counselors
Michigan Association of Community Mental Health
Boards
Michigan Association of Program Directors of
Substance Abuse
Michigan Association of School Psychologists

Michigan Association of School Social Workers
Michigan Association of Substance Abuse
Coordinating Agencies
Michigan Association of Suicidology
Michigan CAT
Michigan Council for Maternal and Child Health
Michigan Counseling Association
Michigan Disability Rights Coalition
Michigan Federation for Children and Families
Michigan Jewish Conference
Michigan League for Human Services
Michigan Legal Services
Michigan Mental Health Consumers Forum
Michigan Nurses Association
Michigan Occupational Therapy Association
Michigan Protection and Advocacy Service, Inc.
Michigan Psychiatric Society
Michigan Psychoanalytic Society
Michigan Psychological Association
Michigan Rehabilitation Association
Michigan Society of Addiction Medicine
Michigan State Medical Society
Michigan Universal Health Care Access Network
Michigan Women Psychologists
Ministry in Mental Illness, Webster Church UCC,
Dexter
National Alliance on Mental Illness for the State of
Michigan
National Association of Social Workers—Michigan
Chapter
National Council on Alcoholism and Drug
Dependence of Michigan
Oakland County Council for Children and Adults
with Psychiatric Disabilities
Proaction Behavioral Health Alliance
Rose Hill Center
R&S Foods, Inc.
School-Community Health Alliance of Michigan
Society for Social Work Leadership in Health Care
West Michigan Addiction Consultants, P.C.

How does coverage for all brain disorders stack up against covering autism only?

SB 414/415 Autism “parity” + mandates	Mental Health Parity – no mandates
<ul style="list-style-type: none"> • Health plans and insurers must cover treatment of autism spectrum disorders (<i>mandate</i>) • Coverage is not subject to limits on the number of treatment visits. (<i>not parity; bars managed care</i>) • No dollar limits, copays, deductibles or coinsurance that do not apply to physical illness (<i>parity</i>) • Coverage of Applied Behavior Analysis mandated at \$50,000 annually for insureds with ASD ages 0 – 18 (<i>not parity; bars managed care; determines treatment without regard to the individual’s condition</i>) • Names qualified providers: “Certified Behavior Analysts” (sub adds “Licensed Psychologists”) • Names particular treatments as “evidence-based” • Tie-barred to incentive funding (general funds) 	<ul style="list-style-type: none"> • If plans and insurers cover mental health—must do so at parity (<i>no mandate; no specific disorder mandated for coverage</i>) • Service limitations are not more restrictive than limitations on other medical services (<i>parity; allows managed care</i>) • Cost sharing requirements do not place a greater financial burden than other medical services (<i>parity</i>) • Does not specify treatments—allows health plan to develop medical policy. • Does not require treatment cost minimums or maximums—assumes treatment duration and intensity is a clinical decision • Does not require certain providers—purchasers and health plans determine qualified providers • Allows health plan medical policy to evaluate scientific evidence for treatments. • Does not require incentive funds—mental health parity does not raise costs—it spreads the risk. In fact, parity will save tax-payer money by not forcing families who exceed the limits of their insurance coverage to turn to the public mental health system.